STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A404	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-MADISON INN	3550 HIGHWAY 468 WEST BUILDING 28 AND 34, WHITFIELD, Mississippi, 39193

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 10/27/25 through 10/29/25. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F812 and F880. The facility held a license for 63 beds, with a census of 57.	F0000		
F0812 SS = D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and facility policy review, the facility failed to ensure the safe storage and labeling of food and beverages in accordance with	F0812		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F0812 SS = D	Continued from page 1 accepted food safety practices and the facility policy for one (1) of three (3) days of survey. Findings include: A review of the facility's "Food Storage" policy, dated June 2025 revealed: "…2. When drink mix has been prepared, a label will be on jug/container and date opened will be used for date prepared…4. Document name of product on label if it has been removed from its original package…" On 10/27/2025 at 10:26 AM, during a tour of the pantry in Building #28, the State Agency observed the following: Pitchers containing Kool-Aid and Lemonade were not labeled with a preparation date or discard date. Tuna salad was stored in Styrofoam cups covered with plastic wrap and did not have a preparation or discard date. On 10/29/2025 at 8:30 AM, the Administrator acknowledged that discard dates are required on all drink pitchers and food containers to prevent the growth of pathogens and avoid potential illness among residents. On 10/29/2025 at 10:45 AM, the Infection Preventionist stated during an interview that failure to label food with discard dates can result in contamination and resident illness. She confirmed that pantry staff receive monthly and as-needed training on food handling and storage protocols. On 10/29/2025 at 11:43 AM, the Pantry Supervisor acknowledged she had prepared the Kool-Aid, lemonade, and tuna salad on Sunday for resident snacks. She stated that she had failed to label the items with discard dates and admitted it was an oversight. She further confirmed that labeling food items is necessary to prevent contamination and illness.	F0812		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	F0880		

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F0880 SS = D	Continued from page 2 §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective	F0880		

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F0880 SS = D	Continued from page 3 actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to implement infection prevention practices during medication administration for one (1) of three (3) observed residents (Resident #42) as evidenced by the Licensed Practical Nurse (LPN) #1 failed to use a barrier when placing resident medications on an unclean surface, and failed to disinfect the medications before returning them to the medication cart. Findings include: On 10/29/25 at 8:25 AM, observed LPN #1 remove eye drops and inhaled medication (Albuterol) from the medication cart and placed both items directly onto Resident #42's bedside dresser without the use of a protective barrier. The medications were administered, and afterwards, LPN #1 returned the medications to the cart without disinfecting them before placing them in the drawer alongside medications for other residents. In an interview at 8:28 AM, on 10/29/25, LPN #1 acknowledged that she should have placed a barrier between the resident's dresser and the medications. She further stated that she had no idea what type of fluids or contaminants might be present on the resident's dresser and recognized the risk for cross-contamination. On 10/29/25 At 8:48 AM, during an interview the Director of Nursing (DON) confirmed that the resident's dresser top could harbor infectious organisms, and that the facility's recommendation is for nurses to use a barrier when placing medication items on resident furniture to prevent cross-contamination with items returned to the medication cart. On 10/29/25 at 10:13 AM, during an interview the	F0880		

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F0880 SS = D	Continued from page 4 Infection Preventionist Nurse confirmed that nurses are trained that any object that touches surfaces in a resident's room should either remain in the room or be disinfected prior to being returned to shared areas such as the medication cart. The nurse explained that, at a minimum, a disinfectant wipe should be used to clean the surface before placing items on the surface. A record review of the facility's procedure guide indicated that medications such as eye drops should be placed on a "clean, dry surface" prior to administration. A record review of Resident #42's "Identification and Summary Sheet" revealed an admission date of 6/4/15 with diagnoses including Schizophrenia. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/5/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Record review of physician orders for Resident #42 included: Thera eye drops 0.25%, one drop in each eye three times daily, with a start date of 2/10/23. Albuterol 90 MCG inhaler, 2 puffs by mouth twice daily, with a start date of 8/15/25.	F0880		